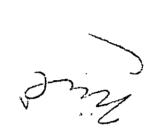
FILED FEB	26 1949			ALIH OF MISSO				6410
TILLD I LO	DU IUTU	SIANDA	2 5	ICATE OF DE	1003	State P	ile No	
BIRTH NO		REG. DIST. I	<u>318 </u>	PRIMARY REG. DIST	. 110		ar's No.	<u> </u>
I. PLACE OF DE a. COUNTY	ATH		-	a. STATE Misso	DENCE (Wie UTI	b. COUN	d. If institution TY	on: residence befor
b. CITY (II outside e OR TOWN St.	Couis	RURAL and give township)	C. LENGTH OF STAY (in this place)	c. CITY (If outside o	orporate limita, w	rite RURAL and	give township)	13
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 7157 Chestnut 3549				d. STREET ADDRESS 0231	(II mm), etc. Gravois	location) Road		0
3. NAME OF DECEASED (Type or Print)	a. (First) Charles	b.	(Middle) Lom	c. (Last) bardo	4.	DATE (web 11.	1949
5. SEX Male 0 6	color or race White	7. MARRIED, NI WIDOWED, DI MATT 1	EVER MARRIED, IVORCED (\$poolfy) EQ	oct. 28, 1	1	AGE (In years last birthday)	Months Pas	t of those a uts. Hours Min.
On. USUAL OCCUPATION of work Fruit Merc	ON (Give kind of work ing life, even if retired) NANU	10b. KIND OF	BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (8th		souri	12. cc	CITIZEN OF WHAT
3a. FATHER'S NAME Bartlo Lon		13b. M	other's maiden Philippa M	NAME [ercurio	Lottie	Lombar	do.	
5. WAS DECEASED EVE Yes, 20. or unknown) (I Yes, 20. or unknown)	Wordd War		ocial security no. none	17. INFORMANT	S SIGNATE	TRE OR NA	ME wids 6	23Gravois
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR C	ONDITION PING TO DEATH*(a)	MEDICAL	nary !	hrom	hais	O	TERVAL BETWEEN SET AND DEATH WILL CALL
*This does not mean the mode of dying, such as heart failure, asthenia,	I THE LO LINE GROVE E	s, if any, giving DL nuse (a) stating	JE ТО (b)	teriope	lerase	, n	<u> </u>	
dc. It means the dis-	the underlying ca	use last.	JE TO (c)	,		14		
ease, injury, or complica- tion which caused death.		FICANT CONDITION buting to the death buse or condition cause		- : - :		.55	<i> </i>	
19a. DATE OF OPERA- TION		DINGS OF OPERA			L	12-20 1		AUTOPSY?
Pla. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJI home, farm, factory, s		21c. (CITY, TOWN, OF	R TOWNSHIP)	(COU	NTY)	(STATE)
21d. TIME (Month) - OF INJURY) (Day) (Year)	(Elour) 21e. INJ WHILE AT WORK	URY OCCURRED NOT WHILE AT WORK	211. HOW DID INJUR	Y OCCUR? \			
22. I hereby certify alive on Z 1 11	that I attended to	the deceased fro	$m = \mathcal{L} - II$ ath occurred at	, 19 \(\frac{1}{2}, \to \) \(\frac{1}{2} \) \(\frac{1} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\	1 11 - 4 9 the causes an	19, the	ut I last sai	iv the deceased ove.
23a. SGNATURE	minn	00 (1)	(Degree or tiefe)	23b. ADDRESS	rotnur	Street	1. 23.	:. DATE SIGNED
24a. BURIAL. CREMA TION REMOVAL (Book) BURIAL		24c. N	AME OF CEMETER Calvary Ce	y or crematory metery	24d. LOCATIO St. Lo	-	, or county) Misso	(State)
CER 14 194	REGISTRAR'S	SIGNOTURE :_	er 1	OULAISS	Citoris sia	TURE 143	ADDRE 1 Union	
	(Licensed Embalmer's Statement on Reverse Side)							



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the r	everse side of this certificate was embalmed by me, or by
	5 Eudent Embalmer No
orking under my personal supervision.	Travel des hees
Student Embalmer	Licensed Embalmer No.
	P O Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.